



## South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

### Nurse Aide Application for Curriculum Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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Name of Institution: Southwest Tech.  
Address: 2330 N. Carson Ave  
Sioux Falls, SD 57107  
Phone Number: 605-367-6048 Fax Number: 605-367-6015  
E-mail Addresses of Primary Coordinator and/or Instructor: erdie@310.midco.net

#### List Personnel and Licensure Information:

**Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Carliss Erdman</u>	<u>SD</u>	<u>R016126</u>	<u>02/05/2016</u>	<u>SDHON</u>

☐ If requesting new Program Coordinator attach curriculum vita, resume, or work history

**Primary Instructor** must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Carliss Erdman</u>				<u>SDHON</u>

☐ If requesting new Primary Instructor attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

**Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Linda Zweifel</u>	<u>SD</u>	<u>R025722</u>	<u>9/27/15</u>	<u>SDHON</u>

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future applications must have licensure information, or will not be processed. Also, please send Zweifel resume.



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### Submit Documentation to Support Requested Curriculum Changes:

Name of Course (if applicable):

Certified Nurse Assistant - We Care online & AHA

A variety of teaching methods may be utilized in achieving the classroom instruction such as Independent study, video instruction, and online instruction.

☒ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

- ☐ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum
- ☐ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:
  - ☐ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
  - ☐ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
  - ☐ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
    - ☐ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;
    - ☐ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;
    - ☐ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
    - ☐ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
    - ☐ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
    - ☐ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Program Coordinator Signature:

Dana Corlin Indegun

Date: 2-13-14

### This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>2/14/14</u>	Date Application Denied:
* Date Approved: <u>Pending Action Plan</u>	Reason for Denial:
Expiration Date of Approval: <u>Feb end August 2014</u>	
Board Representative: <u>80462</u>	
Date Notice Sent to Institution: <u>2/18/14</u>	

\* Pending receipt of Action Plan